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(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4848)    Docket Number (Optional): 500.39049X00	PETITION FO	OR EXTENSIO	KOEMINE UNDI	6(a)				
Application Number: 09/656,138   Filed: September 6, 2000	<b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4848)							
Application Number: 09/656,138   Filed: September 6, 2000					B t t No t (O-	-41II). 500 000 40 V00		
For: NETWORK RELAY APPARATUS	Application N	ımber:	09/656 138					
Art Unit: 2661					Tiled. Coptombol			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee   Small Entity Fee					Evaminar: R Phi	ınkulh		
application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee	Art Unit: 2001				Examiler. B. File	Examiner: B. Pilunkuiri		
Small Entity Fee   Small Entit								
None month (37 CFR 1.17(a)(1))   \$120	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$	<u>Fee</u>				Small Entity			
Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$	⊠ One	month (37 CFR	1.17(a)(1))	\$120	\$60	\$ <u>120.00</u>		
Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$	Two months (37 CFR 1.17(a)(2))			\$450	\$225	\$		
Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$	Three months (37 CFR 1.17(a)(3))			\$1020	\$510	\$		
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1417. I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the ☐ applicant/inventor.  ☐ assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  ☐ attorney or agent of record. Registration Number ☐ attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34 42,282.  Name (Print/Type) Frederick D. Bailey Registration No. (Attorney/Agent) 42,282	Fou	r months (37 CFF	R 1.17(a)(4))	\$1590	\$795	\$		
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Signature Date: April 20, 2005 Telephone Number: 703) 684-1120	Name (Print/Type	) Frederick	D. Bailey	Regi	stration No. (Attorney/Agent)			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	Signature	5-1	m)	<del> </del>		<u> </u>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of one forms are submitted.

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option.

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